

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Ridgeview Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pennsylvania Avenue Shenandoah, PA 17976	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 13456</p> <p>Based on observation and resident and staff interview, it was determined the facility failed to provide housekeeping and maintenance services necessary to maintain a safe and orderly environment on the second and third floor units of the facility.</p> <p>Findings include:</p> <p>During an observation and interview with Resident 1 at 10:30AM on June 26, 2024, the resident reported a concern that his toilet seat has been broken for a long time. Observation of the toilet seat in the bathroom of the resident's room, that is shared with his roommate and the residents residing in the adjoining room revealed that the seat was very loose and not secured to the toilet. The seat widely moved from side to side causing a potential fall hazard. The toilet (porcelain) was also cracked underneath the toilet seat on both sides where the seat came in contact with the base. There was a dark substance observed accumulated inside these cracks in the toilet.</p> <p>Observations on June 26, 2024, during a tour of resident bathrooms at 2:45 PM revealed the toilet seats in the following resident bathrooms were not secured to the toilet and shifted off the base of toilet, moving from side to side:</p> <p>The toilets in the shower room room on both the Second floor and Third floor;</p> <p>Toilet seat in resident room [ROOM NUMBER];</p> <p>Toilet seat in resident room [ROOM NUMBER].</p> <p>Interview with the Nursing Home Administrator on June 25, 2024, at 3:00 PM, confirmed that resident toilet seats should be maintained in a safe and orderly manner.</p> <p>28 Pa Code 201.18 (e)(2.1) Management</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Ridgeview Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pennsylvania Avenue Shenandoah, PA 17976	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 13456</p> <p>Based on review of clinical records, and staff interview, it was determined the facility failed to promptly provide recommended and/or prescribed pressure relieving measures to prevent pressure sore development and promote healing for two of six residents sampled with pressure sores (Resident 2 and Resident 3).</p> <p>Findings include:</p> <p>According to the US Department of Health and Human Services, Agency for Healthcare Research &amp; Quality, the pressure ulcer best practice bundle incorporates three critical components in preventing pressure ulcers: Comprehensive skin assessment, Standardized pressure ulcer risk assessment and care planning and implementation to address areas of risk.</p> <p>ACP (The American College of Physicians is a national organization of internists, who specialize in the diagnosis, treatment, and care of adults. The largest medical-specialty organization and second-largest physician group in the United States) Clinical Practice Guidelines indicate that the treatment of pressure ulcers should involve multiple tactics aimed at alleviating the conditions contributing to ulcer development (i.e. , support surfaces, repositioning and nutritional support); protecting the wound from contamination and creating and maintaining a clean wound environment; promoting tissue healing via local wound applications, debridement and wound cleansing; using adjunctive therapies; and considering possible surgical repair.</p> <p>A review of the clinical record revealed that Resident 3 developed a pressure sore to her right buttocks on June 21, 2024 measuring 1 cm by 1 cm. The physician ordered an air mattress on June 21, 2024, noting to apply the pressure reducing device when available. As of June 26, 2024, the air mattress was not available for the resident's use.</p> <p>Review of Resident 2's clinical record revealed the resident was readmitted to the facility on [DATE], after repair of a fractured right hip and had a pressure area to his buttocks. The resident was seen by wound care on April 25, 2024, with recommendations to turn and reposition per facility protocol and follow facility pressure ulcer protocol. The resident had a Stage III pressure ulcer (pressure sores that have progressed to the third stage have broken completely through the top two layers of the skin and into the fatty tissue below) to his left buttock measuring 1.5 cm by 1 cm by 0.1 cm. The wound was debrided by wound care on May 30, 2024, and the wound care team recommended an air mattress. The resident's wound measured 4.5 cm x 2.5 cm x 0.2 cm and was unstageable (pressure ulcer covered in dead skin). The wound care team continued to recommend an air mattress during weekly visits since May 30, 2024, to assist with healing. However, the physician did not order the air mattress for the resident's use until June 25, 2024. The mattress was not available as of observation on June 26, 2024.</p> <p>Interview with the nursing home administrator revealed the facility was unable to timely obtain air mattresses for the above residents with pressure sores because the company from which the facility obtained their air mattress was owed \$9261.76 and the vendor would not provide the service until the facility paid their prior bill.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Ridgeview Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pennsylvania Avenue Shenandoah, PA 17976	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	28 Pa. Code 211.10(c)(d) Resident care policies

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Ridgeview Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pennsylvania Avenue Shenandoah, PA 17976	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>13456</p> <p>Based observations, review of monitoring logs and reference information, and staff interview it was determined the facility failed to maintain acceptable practices for the storage a of food to prevent the potential for microbial growth in food, which increased the risk of food-borne illness.</p> <p>Findings include:</p> <p>According to the U.S. Department of Agriculture Foods (USDA) and The Food Establishment Plan Review Guide, Section III and current standards of practice as referenced in HACCP (Hazard Analysis Critical Control Point) dry storage of food guidelines indicate:</p> <p>Many items such as canned goods, baking supplies, grains, and cereals may be held safely in dry storage areas. The guidelines below should be followed:</p> <p>Keep dry storage areas clean with good ventilation to control humidity and prevent the growth of mold and bacteria.</p> <p>Store dry foods at 50 F for maximum shelf life. However, up to 70 F is adequate for dry storage of most products.</p> <p>Place a thermometer on the wall in the dry storage area.</p> <p>Check the temperature of the storeroom daily.</p> <p>Store foods away from sources of heat and light, which decrease shelf life.</p> <p>Store foods off the floor and away from walls to allow for adequate air circulation.</p> <p>During a tour of the facility's dietary department, on June 26, 2024 at 9:30 AM accompanied by the dietary manager an observation was made of the dry food storage area. A thermometer in the room registered at 78 degrees Fahrenheit. The dietary manager stated that the temperature was too warm and within acceptable range.</p> <p>A review of the facility's dry storage temperature chart for the month of June 2024 revealed the temperature of the dry storage area was to be maintained between 50 degrees Fahrenheit to 70 degrees Fahrenheit. The temperatures from June 1, 2024, through June 26, 2024, ranged from 72 degrees Fahrenheit to 78 degrees Fahrenheit. At no time during the month, to date, was the temperature within the recommended parameters.</p> <p>Observation also revealed that the facility cut a hole in the wall in the dry storage leading to outside room as means to ventilate the area. There was no ventilation to the outside when observed and the area felt warm and slightly humid.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Ridgeview Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pennsylvania Avenue Shenandoah, PA 17976	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility failed to ensure temperatures were maintained to prevent microbial growth, increase storage life, and decrease the potential for food borne illness.</p>		